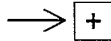


Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

X Declaration  
Submitted With Initial  
Filing OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** 7023-005  
**First Named Inventor** Xueping JIANG

**COMPLETE IF KNOWN**

**Application Number** /  
**Filing Date**  
**Group Art Unit**  
**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"MULTIPLE WIDTH RANDOM NUMBER GENERATION"

the specification of which (Title of the Invention)

X is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**Burden Hour Statement** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — Utility or Design Patent Application

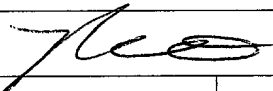
Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below
<b>Name</b>	Law Office of John Schipper				
<b>Address</b>	111 N. Market Street				
<b>Address</b>	Suite 808				
<b>City</b>	San Jose	<b>State</b>	California	<b>ZIP</b>	95113
<b>Country</b>	U.S.	<b>Telephone</b>	(408) 293-9934	<b>Fax</b>	(408) 293-2183
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>	Xueping	<b>Family Name or Surname</b>	JIANG		
<b>Inventor's Signature</b>					<b>Date</b> 9-28-2001
<b>Residence: City</b>	Cupertino	<b>State</b>	CA	<b>Country</b>	USA
<b>Citizenship</b>	CHINA				
<b>Mailing Address</b>	10337 Miller Ave. #6				
<b>Mailing Address</b>					
<b>City</b>	Cupertino	<b>State</b>	CA	<b>ZIP</b>	95014
<b>Country</b>	U.S.A.				
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>	Ming	<b>Family Name or Surname</b>	QU		
<b>Inventor's Signature</b>					<b>Date</b> 9/28/01
<b>Residence: City</b>	San Jose	<b>State</b>	CA	<b>Country</b>	U.S.A.
<b>Citizenship</b>	People's Republic of China				
<b>Mailing Address</b>	2984 Briona Court				
<b>Mailing Address</b>					
<b>City</b>	San Jose	<b>State</b>	CA	<b>ZIP</b>	95124
<b>Country</b>	U.S.A.				
<input checked="" type="checkbox"/> Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ji		ZHAO	
Inventor's Signature 		Date 9/28/01	
Residence: City	San Jose	State	CA
Country	U.S.A.		Citizenship
USA			
Mailing Address 1398 Sajak Avenue			
Mailing Address			
City	San Jose	State	CA
ZIP	95131	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**XUEPING JIANG, ET AL.**

<b>Application Number</b>	N/A
<b>Filing Date</b>	Herewith
<b>First Named Inventor</b>	XUEPING JIANG
<b>Group Art Unit</b>	N/A
<b>Examiner Name</b>	N/A
<b>Attorney Docket Number</b>	7023-005

I hereby appoint:

☐ Practitioners at Customer Number

**OR**

☒ Practitioner(s) named below:

Name	Registration Number
John F. Schipper	26,994

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
Address	111 N. Market Street				
Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

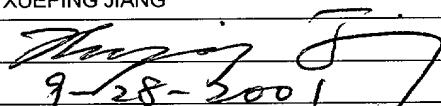
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	XUEPING JIANG
Signature	
Date	9-28-2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

XUEPING JIANG, ET AL.

Application Number	N/A
Filing Date	Herewith
First Named Inventor	XUEPING JIANG
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	7023-005

I hereby appoint:

☐ Practitioners at Customer Number   
**OR**

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
John F. Schipper	26,994

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.  
**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
Address	111 N. Market Street				
Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

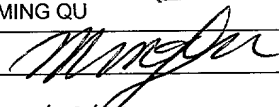
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	MING QU
Signature	
Date	9/28/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

XUEPING JIANG, ET AL.

Application Number	N/A
Filing Date	Herewith
First Named Inventor	XUEPING JIANG
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	7023-005

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
John F. Schipper	26,994

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
Address	111 N. Market Street				
Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

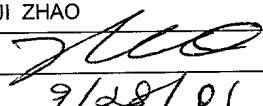
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	JI ZHAO
Signature	
Date	9/28/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231